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PTO/SB/22 (06/04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) DIP10002	
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	In re Application of Guy DiPierro, et al.		
	Application No. 10/7111,389		Filed September 15, 2004
	For: Transdermal Drug Delivery Method and System		
	Art Unit 3761		Examiner not yet accorded

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	\$ 60.00	\$ 0
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	\$ 225.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$ 510.00	\$ 0
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$ 795.00	\$ 795.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$ 0

05/11/2005 AKELECH1 00000034 10711389

☒ Applicant claims small entity status. See 37 CFR 1.27. ~~01 FC:2051~~ ~~65.00 OP~~

☒ A check in the amount of the fee is enclosed. ~~02 FC:2254~~ 795.00 OP

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 33,940

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

5/9/05
Date

Stu T. Langley
SIGNATURE

720-406-5335
Telephone Number

Stuart T. Langley
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of _____ one _____ forms are submitted.